

# TRAUMA TIMES

A Communication of the Division of Trauma and Injury Prevention

Indiana State Department of Health

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## Upcoming Events

- 7/21 Injury Prevention Advisory Council webcast
- 7/27 DEA Presentation webcast 10 a.m.
- 7/31 National Heatstroke Prevention Day
- 8/18 Indiana State Trauma Care Committee meeting
- 8/18 Indiana Trauma Network meeting

## New University of Louisville Hospital arranges faster patient transfer protocol

The University of Louisville (U of L) Hospital Access center has created a new, effective way to arrange the transfer of patients to U of L Hospital. The access center reduces prover-to-provider communication time to ensure patients are provided quality care right away. The center is staffed during the day and night by experienced registered nurses with emergency and critical care experience. The access center needs the following information to ensure a seamless patient transfer: caller's name, referring provider and hospital, contact number, service being requested, patient name, transferring diagnosis and basic patient condition. U of L Hospital services the Louisville area but accepts patients from all areas. The access center nurses answer all phone calls, locate an accepting U of L Hospital physician and coordinate bed placement and arrange transport as needed.

### How it works:

1. **Call 502-562-8008 / 1-888-803-8008**
2. The UofL Hospital Access Center will gather basic patient transfer information.
3. The Access Center will contact the specialist on call for the requested service.
4. The Access Center will facilitate a recorded conference call between the referring provider and the on-call provider to discuss the patient's condition.
5. Once the patient is accepted for transfer, the Access Center will:
  - coordinate appropriate bed placement
  - request the necessary medical documents
  - connect RNs for patient report

## New Legislative bills focus on trauma and injury prevention

The 2017 legislative session was an exciting one! Six new bills impacting trauma and injury prevention will become effective on or after July 1. Here are some highlights:

- Senate Enrolled Act 119

The Emergency Medical Services (EMS) Commission is tasked with creating air ambulance service standards for use of air medical to transport patients from the scene to trauma centers. This is a great next step in developing the state's trauma system and working to get seriously injured patients to the most appropriate level of trauma center as quickly as possible.

- House Enrolled Act 1145

Both the Indiana State Department of Health (ISDH) and the Indiana Department of Homeland Security (IDHS) are tasked with developing stroke protocols. IDHS is responsible for stroke protocols as they relate to EMS. ISDH is responsible for maintaining a list of stroke centers in Indiana. The Division of Trauma and Injury Prevention is working closely with the Indiana Hospital Association (IHA) to send out a letter to hospital CEOs asking for the following information: hospital's level of stroke center; name of certifying entity; and proof of certification.

This information will be due to the ISDH by the winter of 2018. Once information is gathered, a list, along with corresponding map, will be made available on the ISDH website at: [www.indianatrauma.org](http://www.indianatrauma.org).

- House Enrolled Act 1200

ATV bill requiring those under 18 to wear helmets. Read more about this legislation in the article provided by Deaconess hospital.

- Senate Enrolled Act 156

Requires the Indiana Family and Social Services Administration (FSSA), with assistance from ISDH, to develop a comprehensive plan to increase the number of inpatient and residential beds used for detoxification, treatment and rehabilitation. The Health Care Quality and Regulatory Commission at the ISDH is working on this initiative with FSSA.

- Senate Enrolled Act 226

Limits the amount of an opioid prescription a prescriber may issue. Both adults and children who are being prescribed an opioid for the first time cannot receive more than a seven-day supply.

- Senate Enrolled Act 392

This bill addresses emergency medication in schools: epinephrine, albuterol and naloxone. It allows a school to fill a prescription for an emergency medication and store the emergency medication at the school.

If there are questions about other bills that passed in the most recent session, please contact: [alogsdon1@isdh.in.gov](mailto:alogsdon1@isdh.in.gov).

## Summertime safety tips

July 4 is the day of the year on which the most fireworks are set off but fireworks are set off all year long. Practicing fireworks safety activity is critical to enjoying a safe and fun Independence Day celebration. The most recorded firework injuries occur on private properties due to malfunctioning or mishandling of fireworks. The types of fireworks that cause the most injuries are firecrackers, rockets, sparklers, and aerial devices. Below are a few tips to consider as you plan your fireworks fun with family and friends:

- Choose an appropriate location: Make sure there are no obstacles (e.g. car, house, trees) or flammable materials within the surrounding area. Use a flat hard surface to set off the fireworks.
- Have resources on hand: Keep a water bucket or hose close by just in case.



- Wear appropriate safety gear: Safety glasses should be worn to avoid injuries to the eye. Non-obstructive apparel should be worn while setting up fireworks (e.g. avoid loose clothes).
- Keep your most vulnerable family members safe: Children should be monitored by an adult, and pets should be kept in a safe location away from the fireworks display.
- Stay sober: Make sure to be fully aware and free from impairment when dealing with fireworks.
- Follow the instructions: Read the instructions on the firework to ensure proper handling.
- Keep it manageable: Light one firework at a time. For instance, lighting multiple sparklers at once causes high heat and is dangerous.
- Manage malfunctions: If a firework does not seem like it is working after it was lit, **DO NOT** light it again or linger to investigate. Keep back. If the firework still has not set off, use the water bucket or hose to put it out in case the firework sets off unexpectedly at a later time.

With these tips, you can have a safe and enjoyable experience with family and friends.

**COMING SOON!  
(FALL 2017)**

The Indiana State Department of Health is creating a pregnancy mobile app!

- Follow your pregnancy from planning through parenting.
- Browse interesting and useful articles related to your pregnancy, breastfeeding, baby's health before and after birth and more.
- Use the app to find resources in your community to help improve the health of you and your baby.

**AND MORE!**

Indiana State Department of Health

Labor of Love  
Helping Indiana Reduce Infant Death

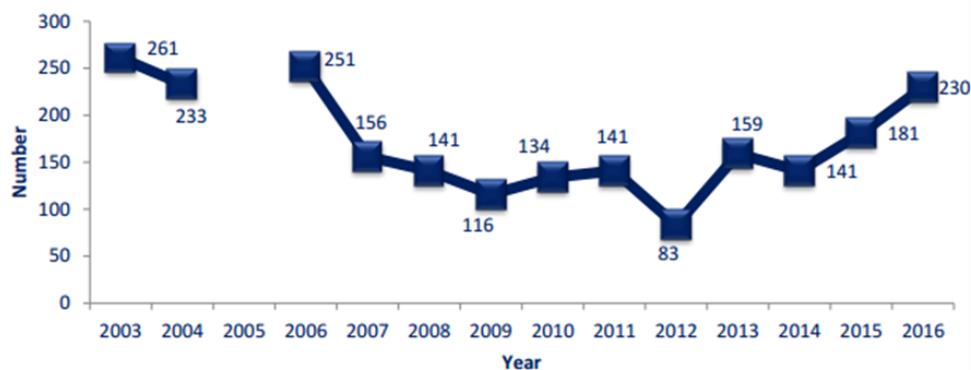
## Updated fax number for firework injury reports

The Division of Trauma and Injury Prevention wants to alert you to a change in the fax number for fireworks injury reports. **Completed fireworks injury forms are to be faxed to: 317-232-1265, attention Division of Trauma and Injury Prevention.** Please take this time to ensure your facility's billing and medical records division has the correct fax number (317-232-1265) on file and that the emergency department uses the correct form. Completed forms can also be mailed to the Indiana State Department of Health (2 N. Meridian St., 6th floor, Indianapolis, IN 46204). Forms can be found at <http://www.state.in.us/isdh/19042.htm#Fireworks>.

All hospitals and private medical practices are mandated by law to report firework injuries and deaths to the ISDH to be published in an annual report. The 2017 Indiana Firework Related Injury Report will be assembled and published this fall. The reporting cycle for 2017 runs from Sept. 13, 2016, through Sept. 12, 2017. Per Indiana Code 35-47-7-7, reports must be completed within five business days after examination of the injury. The law requiring reporting can be found at <http://www.in.gov/legislative/ic/code/title35/ar47/ch7.html>. Questions can be directed to [IndianaTrauma@isdh.in.gov](mailto:IndianaTrauma@isdh.in.gov).

In 2016, 230 unduplicated cases of firework-related injuries were reported to ISDH. No deaths were reported due to firework-related injuries. Forty-one percent of all reported firework-related injuries involved individuals 18 years of age and younger. The 2016 Firework-Related Injury Report can be found at: [http://www.in.gov/isdh/files/ISDH\\_FireworksReport\\_2016.pdf](http://www.in.gov/isdh/files/ISDH_FireworksReport_2016.pdf)

**Figure 1. Firework-related injuries by reporting cycle year, Indiana, 2003–2016\***



\*2016 reporting cycle included cases from Sept. 13, 2015–Sept. 12, 2016.

Source: Indiana State Department of Health, Division of Trauma and Injury Prevention.

## National Violent Death Reporting System (NVDRS) hosts reverse site visit in New Orleans

Rachel Kenny, INVDRS Epidemiologist, and Ryan Cunningham, INVDRS Records Consultant, attended the 2017 Reverse Site Visit for states funded for the National Violent Death Reporting System. The three-day meeting took place in New Orleans, La., May 16-19. Representatives from all 40 funded states, the District of Columbia, Puerto Rico and the Centers for Disease Control and Prevention (CDC) attended



The CDC outlined the updates to the web-based data system that are coming out in the fall of 2017 and presented on several published articles their staff has written using the NVDRS data. NVDRS partners from the American College of Preventative Medicine, The Joyce Foundation, International Association of Chiefs of Police, American Public Health Association and others attended the meeting to promote cooperation between their organizations and the NVDRS states. Other presentations and discussions focused on data provider buy-in, using the Prescription Drug Overdose Module, working with stakeholders, and how the NVDRS data can be used for prevention. The INVDRS staff will take the information learned at this meeting and incorporate it into the INVDRS project moving forward.

## ISDH gives presentation on Naloxone Kit distribution to Local Health Departments

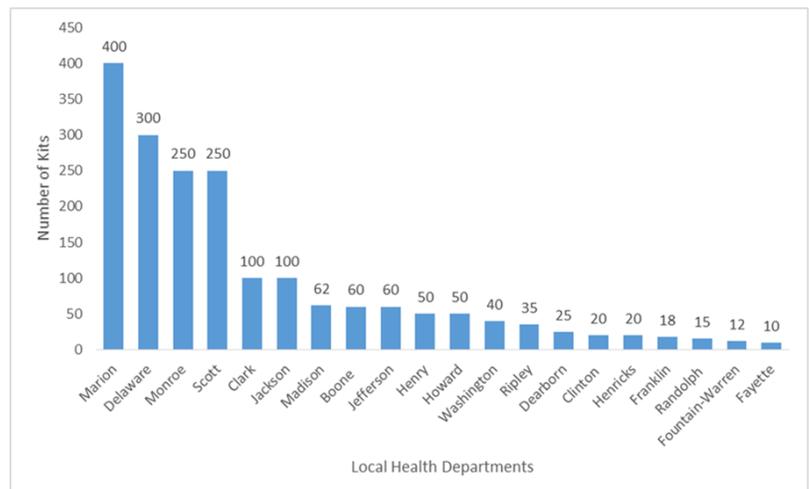
Dawn Smith presented an abstract on “Quarter One Naloxone Kit Distribution to Local Health Departments in Indiana” for the 2017 Public Health Associate Program (PHAP) Summer Seminar. The theme of the seminar was “Preparing to be the Future of Public Health,” which provided an opportunity for associates from across the United States working on a wide range of public health topics to collaborate and share their project’s contributions to public health.



Map of counties in Indiana receiving Naloxone rescue kits from the Indiana State Department of Health.

Naloxone is a treatment that reverses the life-threatening effects of an opioid overdose. The Indiana Criminal Justice Institute and the Indiana State Department of Health (ISDH) created a memorandum of understanding that delegated funding to ISDH to purchase naloxone kits and distribute them to local health departments in Indiana.

The ISDH developed a Request for Proposal (RFP) to which 20 local health departments (LHDs) applied and were accepted. The awarded LHDs were given naloxone kits and were made responsible for training and distributing kits in their respective communities. Naloxone kits included three parts: a plunger with one dose of naloxone, an applicator, and a nasal atomizer. In total, 1,877 kits were distributed in the first quarter of the program, and LHDs were required to report quarterly. Despite challenges, such as a national atomizer recall, 198 kits were distributed during the first quarter.



Number of Naloxone rescue kits each local health department received.

## Third Annual Injury Prevention Advisory Council conference focuses on making community connections

The third annual Injury Prevention Advisory Council (IPAC) conference was held May 15, at the Conner Prairie Interactive History Park. A total of 53 people attended the seven sessions focused on this year's theme of Making Connections: Community, Programs, and Progress. The event included five posters in the poster session, including two from researchers at Purdue University Agricultural & Biological Engineering and three from ISDH program areas.

The keynote presentation, titled Preventing Violence in Indiana through Collective Impact: How Connecting the Dots will Create a Rainbow, featured two speakers, Kate Gasiorowski, MPH, Rape Prevention and Education Coordinator at the Indiana Coalition Against Domestic Violence (ICADV), and Laurie Gerdt, LMHC, Program Coordinator for the SAMHSA Garrett Lee Smith Suicide Prevention Grant at the Community Health Network. The main takeaways from this session include: Injury and violence are complex issues that often intersect; prevention efforts often exist in silos and are not comprehensive enough; collective impact is a framework that can bring multiple sectors together to work collaboratively to prevent violence or injury; and finally, we cannot do it alone.

The next session featured Andrew M. Campbell, MPHc, Statewide Education Program Coordinator/Research Specialist at Indiana University (IU) School of Medicine, and he presented on Intimate Partner Violence (IPV) in Marion County: Critical Concepts for Prevention/Intervention. Mr. Campbell identified key components regarding IPV incidents occurring in Marion County, which lend themselves to approaches to protecting families and mitigating injuries that may occur to them in domestically violent homes. The last session of the morning featured Cierra Olivia Thomas-Williams, MA, Prevention Specialist at ICADV, and she presented Unpacking the Prevention Toybox: Activities for Engaging Community Partners. Ms. Thomas-Williams shared six interactive prevention activities included in the toy box to communicate primary prevention theory and practices to organizational staff and community members.

The afternoon began with a session from six speakers on A Collaboration to Address ATV Safety for Indiana's Youth. Presenters included: Lynn Herr, RN, BSN, CPN, TNS, Vanderburgh County Health Department, Mary Raley, BSN, RN, CEN, TCRN, TNSCC from St. Vincent Evansville, Lu Weil, EMT, PI, LI, from Deaconess Hospital, Ashlee Bruggenschmidt, Founder, Play for Kate Foundation, and Captain William Browne, Indiana Department of Natural Resources and IN State Public Relations. Attendees were introduced to Safety Sam, the first of its kind interactive ATV safety robot. The ATV Ride Safe Coalition is a group of committed individuals, and their associated organizations, with a common interest of providing education, influencing legislation, and reducing injury and death in Indiana from ATV crashes.

The next session featured Captain Jerry Richert, Special Operations Division in the Indianapolis Fire Department as he presented the Water Awareness in Residential Neighborhoods (W.A.R.N.) program. W.A.R.N. emphasizes preventing drowning and near drowning incidents that can occur in pools, bathtubs and other bodies of water, such as lakes and retention ponds through community awareness and involvement. Catana Philipps, BSN, RN, CEN, TCRN, Trauma Outreach and Education Coordinator at IU Health Methodist Trauma Services presented the Stop the Bleed campaign. Attendees received a certificate for completing the Bleeding Control Basic v. 1.0 Course, and qualified attendees can pursue the Instructor status if desired. The last session of the day featured two presenters, Preston Harness, MPH, CPST, ISDH Injury Prevention Program Coordinator, and Paul Miller, Division Chief of EMS, Crawfordsville Fire Department discussing Fall Prevention: Implementing Community-wide Prevention through Partnerships. The presentation shared how the principles and structure of the CDC's STEADI falls prevention toolkit are being implemented into a Community Paramedicine program, which is EMS involvement in community health, providing physician-extender services to those in need of assessment, treatment, and education. Jessica Schultz, MPH, ISDH Injury Prevention Epidemiologist Consultant, provided a final summary of the conference to end the event. The IPAC thanks all presenters and attendees for making the third annual conference a success.

If you are interested in attending the injury prevention conference in the future please contact Jessica Schultz at [jschultz@isdh.in.gov](mailto:jschultz@isdh.in.gov).



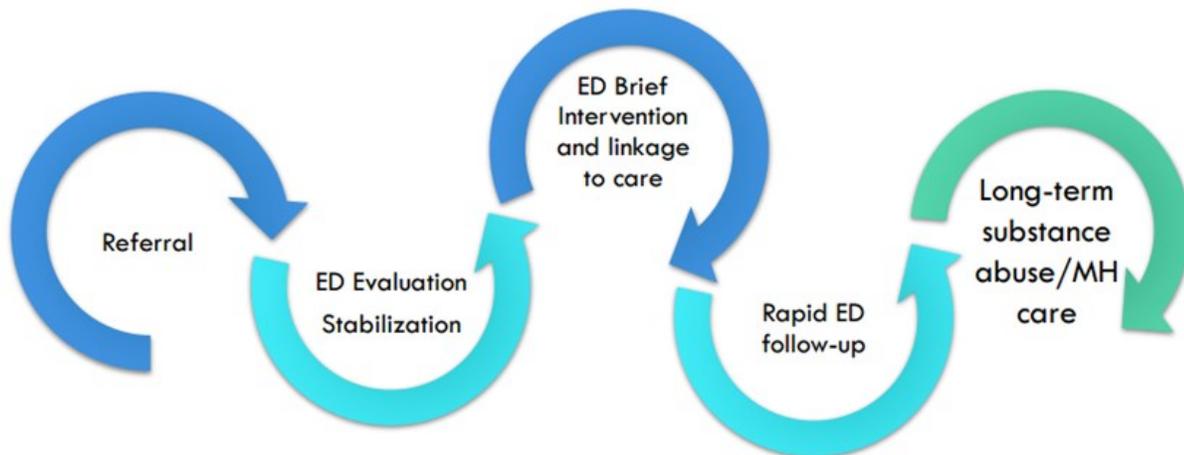
A few exhibits pictured above showcased ATV safety at the conference.

# Rapid Response to overdose patients is key to Eskenazi's Project Point program

The past decade has seen an unprecedented uptick in opioid misuse, from potent prescription painkillers to the increase in illicit heroin use. With that, overdose deaths have climbed steadily. From 2004 to 2014, the number of overdose deaths nationally nearly tripled. Project Point is a program that aims to end that cycle. When a person receives a dose of naloxone, the opiate antagonist medication, in the field, an alert goes out to Project Point staff. Once the patient is awake, one of six people on the Project Point staff will have face time with the individual within the hospital setting. The program focuses on reaching drug users at a time when they are most vulnerable — right after their opiate misuse has almost cost them their lives.

Melissa Reyes, Project Point's Program Director at Eskenazi Hospital, explains that the program started last year as a pilot with a \$20,000 grant from Drug Free Marion County, with the specific tasks of training staff in the techniques to build rapport with every overdose patient and speak to them about their experiences and recovery options. In 2017, with a two-year, \$700,000 grant from the Richard M. Fairbanks Foundation, the program is expanding its scope. It plans to hire more peer recovery coaches to provide one-on-one mentoring and will be able to pay for patients' rapid hepatitis C testing.

## PROJECT POINT: PLANNED OUTREACH, INTERVENTION, NALOXONE, AND TREATMENT



Since January, Project Point has made contact with more than 300 individuals who experienced an overdose. Ms. Reyes says most patients are referred to medication-assisted treatment rehabilitation programs when available. She also said one of the toughest challenges is locating the right treatment facility for that individual and then being able to find a spot in a limited timeframe. When the patient is discharged from the hospital, Project Point dispenses an overdose kit containing Naloxone for the individual to carry as a form of risk reduction.

Ms. Reyes also stated that one of the challenges is keeping the individual engaged with the follow-up care beyond the hospital. She said Project Point is creative and flexible in the ways it maintains contact and allows the individual to have a preference between physical meetings, text messages and phone calls. She also stated that some patients disappear off the radar for a while but that they are always re-admitted into the program if they reach out and ask for help. Project Point hopes the next year will bring more funding for local MAT-based rehabilitation centers to help aid their patients subsequent next stages of recovery.

# Good Samaritan Trauma Services hosts safety shower for new moms

According to the Centers for Disease Control & Prevention, unintentional injuries is the leading cause of death for children ages 1-15 in the United States. A safety shower is a program that helps reduce those preventable injuries by providing specific safety information and education to new parents to protect the well-being of young children and infants.

Through the Title V Maternal and Child Health Services Block Grant Program, the Indiana State Department of Health, Division of Trauma and Injury Prevention, was able to offer funding to create a successful safety shower program for new parents. Good Samaritan Trauma Services, in Vincennes, was chosen to create a toolkit and train-the-trainer program in order to disperse a safety shower program across the state. Good Samaritan Hospital is verified by the American College of Surgeons (ACS) as a Level III Trauma Center.

After receiving the grant, Good Samaritan Trauma Services planned for and hosted a successful pilot launch of the Safety Shower program on May 9. Good Samaritan also included a train-the-trainer program beforehand to train healthcare and social services professionals on how to create, plan, and coordinate the event.

The initial launch of the program reached 25 new mothers; however, more than 60 people attended the event. This included fathers, grandparents, siblings, and other family members of the unborn infants. The program included education and safety information on a variety of topics, including: safe sleep, child passenger safety, fire safety, breastfeeding, WIC, and even safety education for parents who have pets. The parents also participated in hands-on training for various topics, such as installing a car seat. At the end of the event, participants were given free safety-related gifts for the unborn infants.

Good Samaritan is currently working on a toolkit to share with other verified Trauma Centers within Indiana. If you are interested in hosting a Safety Shower please contact Jamie Dugan, Trauma Coordinator of Good Samaritan Trauma Services, at [jjdugan@gshvin.org](mailto:jjdugan@gshvin.org).



Toyota donated three vehicle seats to allow for car seat demonstrations at the event.

## Opioid Drug Misuse: Emerging Trends and Alerts

Thursday, July 27

10 a.m. EDT via webcast

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The Indiana State Department of Health (ISDH), in collaboration with the U.S. Department of Justice Drug Enforcement Administration (DEA), will provide an overview of opioid drug epidemic trends.

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## EMS Medical Directors conference provides wealth of information to attendees

The Indiana State Department of Health's sponsored 4<sup>th</sup> Annual EMS Medical Directors conference at the Marriott North on April 28. The conference had more than 96 registered attendees from EMS Medical Directors and EMS leadership across the state of Indiana.

The keynote address by Dr. Jeffrey Runge demonstrated the potential of his federally sponsored project to use real-time EMS data from the National EMS Information System (NEMSIS) for Syndromic Surveillance. NEMSIS is the national repository that is used to store EMS data from every state in the nation. Indiana reports standardized data elements collected from every ALS Provider and every transporting provider to the NEMSIS data base. Web-based technologies make it possible to report this data to the state as the run report is completed, making this Syndromic Surveillance approach real time.

Lunch was accompanied by EMS case studies presented by IU Emergency Medicine residents. Following lunch, Alex Meixner of the American Heart Association described just-passed legislation that establishes stroke centers in Indiana as destination hospitals for patients with acute strokes. Then Julie Gebhart a physician assistant in the St. Vincent's Trauma program, discussed the importance of the **early** administration of weight-based antibiotics to patients with open fractures. Dr. Michael Kaufmann, EMS medical director, St. Vincent's Hospital, next gave an interesting description of the Community Paramedicine Program that he has developed in conjunction with the Fishers Fire Department.

This was followed by a description of the Shalom Project, a joint project by Indianapolis EMS and IMPD to identify and intercede with patients deemed to be at high risk with limited resources by Paramedic Shane Hardwick, Indianapolis EMS. Finally, EMS Commissioner Andrew Bowman, NP, gave an excellent presentation on strategies to terminate refractory ventricular fibrillation in the prehospital setting.

I would like to thank all of the talented speakers who made this another successful EMS Medical Director's Conference, our Gold Supporters – Community Health Network and Eskenazi Health and our Conference Supporters – IU LifeLine and IU Methodist Trauma Center, ISDH, and Sue Barnhart and Indiana ACEP. I would also like to acknowledge the excellent leadership of our Conference Coordinator, Tanya Barrett, CMP, CEM, without whom this conference would not have been possible.

Michael Olinger, MD, FACEP

EMS Medical Director, Department of Homeland Security

## Save the Date!



**The Stepping On falls prevention program is coming to Indiana!**

**Registration Information for the Leader Training is Coming Soon!**

Offered in Indiana by the Indiana State Department of Health — Trauma & Injury Prevention Division.

**When:** August 1-3, 2017

**Where:** Indiana State Department of Health  
Rice Auditorium, Basement Level  
2 N Meridian Street  
Indianapolis, IN 46204

Get notified when registration opens!

Contact: [indianaTrauma@isdh.in.gov](mailto:indianaTrauma@isdh.in.gov)



To learn more about the Stepping On program, visit:  
[wihealthyaging.org/stepping-on](http://wihealthyaging.org/stepping-on)

## The Division of Trauma and Injury Prevention offers Naloxone training for communities

The Indiana State Department of Health (ISDH) division of Trauma and Injury Prevention attended a naloxone overview and administration training conducted by Overdose Lifeline on March 6. Overdose Lifeline is a non-profit that is focused on impacting the opioid epidemic through education, harm reduction, prevention and support.

The training provided by Overdose Lifeline will allow the 25 ISDH staff to conduct naloxone administration trainings, general information about naloxone, opioid addiction and prescription drug abuse. This training is not limited to local health departments and can be brought to any community that is interested in learning more about naloxone and opioid use. If your organization is interested in receiving naloxone training, please contact:

[indianaTrauma@isdh.in.gov](mailto:indianaTrauma@isdh.in.gov) to set up an event.

## Contact Us

For additional information, please contact: [indianatrauma@isdh.IN.gov](mailto:indianatrauma@isdh.IN.gov)

Jerome Adams, M.D., M.P.H.—State Health Commissioner

Arthur L. Logsdon, J.D.—Assistant Commissioner, Health and Human Services

### Division of Trauma and Injury Prevention Staff

Katie Hokanson —Director

Jessica Schultz, M.P.H.—Injury Prevention Epidemiologist Consultant

Camry Hess, M.P.H. —Data Analyst

Murray Lawry, M.P.A. —Prescription Drug Overdose Project Manager

Ramzi Nimry — Statewide Trauma System Development and Training Manager

Rachel Kenny, M.P.H. —INVDRS Epidemiologist

John O'Boyle —Records Coordinator

Lauren Savitskas, M.P.H. —Prescription Drug Overdose Community Outreach Coordinator

Ryan Cunningham —INVDRS Records Consultant

Tanya Barrett, M.S., C.M.P., C.E.M. —Event Project Coordinator

Preston Harness, M.P.H. —Injury Prevention Program Coordinator

Dawn Smith —Public Health Associate

Angela Adle —INVDRS Records Consultant

James Carroll —Prescription Drug Overdose Community Outreach Coordinator

Paravdeep Nijjar, M.P.H. —Registry Coordinator